

\$20.00 MTD

Q8

This form is provided by the  
Superintendent for use by  
applicants for a Permit to Carry  
a Handgun. Any alteration to  
this form is expressly forbidden.



## STATE OF NEW JERSEY

## APPLICATION FOR PERMIT TO CARRY A HANDGUN

Application must be delivered, in triplicate, to the Chief of Police of the municipality wherein you reside, or to the Superintendent or State Police in all other cases. A money order in the amount of \$20.00 payable to State of New Jersey must accompany this application.

Answer all questions. If more space is needed, attach bond paper. Page two must be completed. Four photographs of the applicant, one and one-half inch square, head and shoulders, no hat, light background, taken within the last 90 days must accompany this application.

 NEW RENEWAL

Municipal Code

Each person applying for a Permit to Carry a Handgun must supply a letter of need, specific in content, as to why they have a need to carry a firearm in the State of New Jersey; if this application is employment-related, then your employer must supply this letter.

List the reason for this application:

(1) Last Name / If female, include maiden first	Middle	County	City	State			
Miller Jeffrey							
(3) Date of Birth	(4) Age	(5) Place of Birth - City, State or Country	(6) U.S. Citizen	(7) Social Security Number			
	59		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
(8) Sex Height	Weight	Eyes	Race	Hair	Complexion	(9) Distinguishing Physical Characteristics	
M	5'7 1/2 lbs	Blue	White	Grey	Good	SCARS Both Wrists	
(10) Name of Employer	(11) Occupation					(12) Home Telephone	(13) Business Telephone
J.W. Discount Pet Foods Inc	Self-employed Merchant						
(14) Driver's License Number & State						(15) If you possess a N.J. Firearms Purchaser ID Card, list the number	

(16) Have you ever been adjudged a juvenile delinquent?	<input type="checkbox"/> Yes	If Yes, List Date(s)	Place(s)	Offense(s)
	<input checked="" type="checkbox"/> No			
(17) Have you ever been convicted of a disorderly persons offense, that has not been expunged or sealed?	<input type="checkbox"/> Yes	If Yes, List Date(s)	Place(s)	Offense(s)
	<input checked="" type="checkbox"/> No			
(18) Have you ever been convicted of a criminal offense, that has not been expunged or sealed?	<input type="checkbox"/> Yes	If Yes, List Date(s)	Place(s)	Offense(s)
	<input checked="" type="checkbox"/> No			
(19) Have you ever had a firearms purchaser identification card, permit to purchase a handgun, or permit to carry a handgun refused or revoked?	<input type="checkbox"/> Yes	If Yes, By Whom?	When?	Where
	<input checked="" type="checkbox"/> No			
(20) Have you ever had an Employee of Firearms Dealer License refused or revoked?	<input type="checkbox"/> Yes	If Yes, By Whom?	When?	Where
	<input checked="" type="checkbox"/> No			
(21) Are you an Alcoholic?	<input type="checkbox"/> Yes	(22) Have you ever been confined or committed to a mental institution or hospital for treatment or observation of a mental or psychiatric condition on a temporary, interim or permanent basis? If Yes, give the name and location of the institution or hospital and the date(s) of such confinement or commitment		
	<input checked="" type="checkbox"/> No			
(23) Are you dependent upon the use of any narcotic or other controlled dangerous substance?	<input type="checkbox"/> Yes			
	<input checked="" type="checkbox"/> No			
(24) Are you now being treated for a drug abuse problem?	<input type="checkbox"/> Yes	(25) Have you ever been attended, treated or observed by any doctor or psychiatrist or at any hospital or mental institution on an inpatient or outpatient basis for any mental or psychiatric condition? If Yes, give the name & location of the doctor, psychiatrist, hospital or institution and the date(s) of such occurrence		
	<input checked="" type="checkbox"/> No			
(26) Do you suffer from a physical defect or sickness?	<input type="checkbox"/> Yes			
	<input checked="" type="checkbox"/> No			
(27) If answer to question 26 is yes, does this make it unsafe for you to handle firearms? If not, explain	<input type="checkbox"/> Yes	(28) Are you subject to any court order issued pursuant to Domestic Violence? If Yes, explain		
	<input type="checkbox"/> No			
(29) Have you ever been convicted of any domestic violence in any jurisdiction which involved the elements of (1) striking, kicking, shoving, or (2) purposely or attempting to or knowingly or recklessly causing bodily injury, or (3) negligently causing bodily injury to another with a weapon? If Yes, explain	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
(30) Are you presently, or have you ever been a member of any organization which advocates or approves the commission of acts of violence, either to overthrow the government of the United States or of this State, or to deny others of their rights under the Constitution of either the United States or the State of New Jersey? If Yes, list name and address of organization(s) here	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		

## APPLICANT: DO NOT WRITE BELOW THIS SPACE

To the Judge of the Superior Court of SUSSEX County, I have investigated or caused to be investigated the applicant, and from the results of such investigation, the applicant is: Approved (Attach investigation Report when submitting to Superior Court.)

APPROVED	This <u>13</u> Day of <u>April</u> 2010	Reason for Disapproval
		<input type="checkbox"/> A. CRIMINAL RECORD
DISAPPROVED	The <u>State of New Jersey Sheriff's Office</u> , Department of Police	<input type="checkbox"/> B. PUBLIC HEALTH SAFETY AND WELFARE
		<input type="checkbox"/> C. MEDICAL, MENTAL OR ALCOHOLIC BACKGROUND
		<input type="checkbox"/> D. NARCOTICS/DANGEROUS DRUG OFFENSE
		<input type="checkbox"/> E. FALSIFICATION OF APPLICATION
		<input type="checkbox"/> F. DOMESTIC VIOLENCE
		<input type="checkbox"/> G. LACK OF JUSTIFIABLE NEED
		<input type="checkbox"/> H. OTHER (SPECIFY) <u>order 8-31-10</u>

The foregoing application, having been presented to me, and the determination made of the sufficiency thereof, and the need of the applicant to carry a handgun, I hereby grant a permit pursuant to Section 2C:58-4 of the New Jersey Statutes.		GRANTED ON <u>8/29/2008</u>	SB# Number <u>629300B</u>
<input type="checkbox"/> Deny	This <u>13</u> Day of <u>Sept</u> 2010	Permit Number	
Signature of the Superior Court Clerk		Restrictions	<input type="checkbox"/> Yes (List on Page 2) <input type="checkbox"/> No
SUSSEX			

**Endorsement Number One — Reference must have known applicant for a minimum of three years preceding the date of the application.**

I am personally acquainted with Jeffrey Muller, the applicant named on page one of this application. I have known Him/Her for the past 5 years to be a person of good moral character and behavior and who is capable of exercising self control. I have reviewed this application and I believe that the answers given by the applicant to the questions set forth in this application are complete, true and correct in every particular.

GLEN BAKKE

Print or Type Name

Glen Bakke

Signature

1/30/2010

Date of Endorsement

No Randolph Street Address NJ 07869  
 City/Town \_\_\_\_\_ State Zip \_\_\_\_\_  
 Home Telephone Number \_\_\_\_\_ Business Telephone Number \_\_\_\_\_

**Endorsement Number Two — Reference must have known applicant for a minimum of three years preceding the date of the application.**

I am personally acquainted with Jeffrey Muller, the applicant named on page one of this application. I have known Him/Her for the past 9 years to be a person of good moral character and behavior and who is capable of exercising self control. I have reviewed this application and I believe that the answers given by the applicant to the questions set forth in this application are complete, true and correct in every particular.

Christopher Dale Kallen

Print or Type Name

CDK

Signature

January 30, 2010

Date of Endorsement

No Branchville Street Address NJ 07826  
 City/Town \_\_\_\_\_ State Zip \_\_\_\_\_  
 Home Telephone Number \_\_\_\_\_ Business Telephone Number \_\_\_\_\_

**Endorsement Number Three — Reference must have known applicant for a minimum of three years preceding the date of the application.**

I am personally acquainted with Jeff Muller, the applicant named on page one of this application. I have known Him/Her for the past 3 years to be a person of good moral character and behavior and who is capable of exercising self control. I have reviewed this application and I believe that the answers given by the applicant to the questions set forth in this application are complete, true and correct in every particular.

DENNIS J. PEGG

Print or Type Name

Dennis J. Pegg

Signature

1/30/10

Date of Endorsement

No Newton, NJ Street Address 07860  
 City/Town \_\_\_\_\_ State Zip \_\_\_\_\_  
 Home Telephone Number \_\_\_\_\_ Business Telephone Number \_\_\_\_\_

State of New Jersey

County of SussexSS New Jersey

Jeffrey M. Muller being duly sworn, upon oath deposes and states that he/she is the applicant named on page one of this application; that the answers to the questions given on this application are complete, true and correct in every particular.

This 1 day of January 2010Jeffrey M. Muller

Signature of applicant named on page one

Date of Application:

The disclosure of my social security number is voluntary. Without this number, the processing of my application may be delayed. This number is considered confidential. I understand that if any of the foregoing answers made by me are false, I am subject to commitment.

Falsification of this form is a crime of the third degree as provided in N.J.S. 20:34-10c.

Notary Public

SPACE BELOW RESERVED FOR SUPERIOR COURT JUDGE GRANTING PERMIT

List Permit Restrictions Here:

